

**LOCAL BANKRUPTCY FORM NO. 12**

**IN THE UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF PENNSYLVANIA**

|           |   |                               |
|-----------|---|-------------------------------|
| IN RE     | ) | Bankruptcy No. _____          |
|           | ) |                               |
|           | ) | Chapter _____                 |
|           | ) |                               |
| Debtor(s) | ) | Related to Document No. _____ |
|           | ) |                               |
|           | ) |                               |

**NOTIFICATION OF DEBTOR'S SOCIAL SECURITY NUMBER**

Name of employer or other party subject to wage attachment:

Debtor's name:

Debtor's nine digit social security number:   \_\_ \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

Debtors address:

Debtors phone number:

This notification is accompanied by a Wage Attachment Order issued by a United States Bankruptcy Judge regarding attachment of the debtor's wages. The debtor's social security number is being provided to assist in complying with the court order.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature: Attorney for Debtor(s) [or pro se Debtor(s)]

\_\_\_\_\_  
(Typed Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone No.)

\_\_\_\_\_  
List Bar I.D. and State of Admission